

# NOTICE *and* PROOF OF CLAIM FORM

**CLAIMS FILING DEADLINE: 01/26/2010**

**\*If you have no claim or your claim has already been resolved, please ignore this form.\***

**\*In the event that you do have a claim, failure to fully complete and return the Proof of Claim Form located on the back of this Notice by the claim filing deadline of January 26<sup>th</sup>, 2010 may result in your claim being denied\***

ST OF SOUTH CAROLINA-PUBLIC SERV. COMMISSION  
PO BOX 11649  
COLUMBIA SC 29211-1649

On February 26, 2004, the Leon County Circuit Court in and for Leon County, Florida (“Receivership Court”) executed the *Consent Order Appointing the Florida Department of Financial Services as Receiver for Purposes of Rehabilitation, Injunction, and Notice of Automatic Stay* (the “Consent Order”) of Cumberland Casualty and Surety Company (“Cumberland”). The Florida Department of Financial Services, Division of Rehabilitation and Liquidation, is the Court appointed receiver (the “Receiver”) of Cumberland.

Pursuant to the Consent Order, the Receiver has conducted the business of Cumberland and taken steps toward the removal of the causes and conditions which made the Consent Order necessary, as well as taken further action as deemed appropriate to attempt to reform and revitalize the company. Additionally, the Receiver has conducted substantial investigation into the affairs of Cumberland and made significant efforts to try to salvage monies towards payment of potential losses in an attempt to maximize value to claimants in the receivership.

In furtherance of maximizing value to claimants, on July 29th, 2009, the Receiver filed its *Motion for Order Approving Plan of Rehabilitation* (“Motion”). On July 30<sup>th</sup>, 2009, the Receivership Court entered its *Order Approving Plan of Rehabilitation* (“Order”). Copies of the Motion and Order, along with additional information pertaining to Cumberland can be obtained at the Receiver’s website at: [www.floridainsurancereceiver.org](http://www.floridainsurancereceiver.org)

The purpose of this Notice and Proof of Claim Form is to provide the following to you:

1. Information regarding the background and current status of the receivership;
2. *Notice of cancellation of any and all remaining outstanding Cumberland bonds effective sixty (60) days from the date of the Order. Any outstanding Cumberland bonds are CANCELLED in accordance with the Order, unless otherwise cancelled earlier in the normal course of business. Any bond listing provided to you along with this Notice identifies the specific Cumberland bonds in which you may have an interest. PLEASE CONTACT YOUR AGENT IMMEDIATELY TO BEGIN THE PROCESS OF OBTAINING REPLACEMENT COVERAGE;*
3. *Notice of opportunity to submit a claim in the Cumberland receivership prior to the claims filing deadline;*
4. *Notice of the Cumberland receivership claims filing deadline of January 26<sup>th</sup>, 2010;*
5. *Notice of the Receiver's intent to process the orderly release of collateral in those matters where a claim is not filed prior to the Cumberland receivership claims filing deadline.*
6. *Notice that after all claims against the company are evaluated and approved by the Court, claims will be paid based on available funds. (\*The amount of payment will depend on the percentage of assets to total claims. The Receiver does not know the percentage that can be paid on any individual claim until all claims are evaluated and assets converted to cash. You have been identified as someone who might have a claim against Cumberland. If you have no claim or your claim has already been resolved, please ignore this form. If you have a claim, you must fill out the proof of claim form on the back of this Notice and return the form postmarked no later than January 26, 2010. Please note that any claim previously settled is deemed closed and is not eligible for additional funds.)*

**IMPORTANT INFORMATION:** THE INFORMATION YOU PROVIDE ON THE PROOF OF CLAIM FORM MAY BE SHARED WITH A THIRD PARTY FOR THE PURPOSE OF EVALUATING YOUR CLAIM OR OTHER INTERNAL RECEIVERSHIP OPERATIONS. THE RECEIVER BY CONTRACT REQUIRES ANY THIRD PARTY CONTRACTOR TO MAINTAIN CONFIDENTIALITY REGARDING THE PERTINENT INFORMATION IN ITS POSSESSION.

**CUMBERLAND CASUALTY & SURETY COMPANY IN RECEIVERSHIP**  
**PROOF OF CLAIM FORM**

**\*NOTICE: Please file one (1) Proof of Claim Form per claim. In the event that you intend to submit more than one (1) claim, a separate Proof of Claim Form is to be used for each specific claim you submit.**

If you have no claim, please ignore this form. In the event you wish to submit a claim, print or type your information as required below on this Proof of Claim Form:

**A. BACKGROUND INFORMATION**

Name/Company: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State/Zip Code: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Contact Telephone: \_\_\_\_\_  
Contact E-Mail: \_\_\_\_\_  
Bond Number: \_\_\_\_\_  
Bond Amount: \_\_\_\_\_  
Project Name (if applicable): \_\_\_\_\_

**B. TYPE OF CLAIM:** \_\_\_\_\_ Loss Claim \_\_\_\_\_ Return of Commission Claim  
(Check One) \_\_\_\_\_ Return of Premium Claim \_\_\_\_\_ Other (Describe: \_\_\_\_\_)

**C. AMOUNT CLAIMED:** \$ \_\_\_\_\_

**D. DESCRIPTION OF CLAIM (PROVIDE SPECIFIC DATES AND FACTS – YOU MAY USE A SEPARATE SHEET IF NECESSARY):** \_\_\_\_\_

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**E. DOCUMENTATION:** In order to evaluate your claim, we need documentation that supports your claim. All documentation in support of your claim must be submitted along with this Proof of Claim Form. Depending on the type of your claim, examples of supporting documentation include: cancelled checks or receipts; bond or construction contracts; judgments or court orders; witness statements; repair estimates; etc.

*FAILURE TO PROVIDE ALL APPLICABLE INFORMATION ON THIS PROOF OF CLAIM FORM OR SUBMIT DOCUMENTATION IN SUPPORT OF YOUR CLAIM MAY RESULT IN THE DENIAL OF YOUR CLAIM*

I swear or affirm that I am the claimant referenced on this Proof of Claim Form and/or am authorized to sign this form on the claimant's behalf. I further swear under penalty of law that all information contained on this form as well as all attachments are true and correct to the best of my knowledge. The filing of a claim in the receivership proceeding is a release of the insured to the extent of coverage provided by the insurer.

Signature of/for Claimant: \_\_\_\_\_ Date Signed: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Printed Name of Person Signing and Title: \_\_\_\_\_

**RETURN CLAIM FORM(S) POSTMARKED NO LATER THAN JANUARY 26<sup>th</sup>, 2010 TO:**

Cumberland Casualty & Surety Company in Receivership  
c/o Receivership Claims Evaluator  
4311 West Waters Avenue, Suite #401  
Tampa, Florida 33614  
Telephone: (800) 723-0171

# CUMBERLAND CASUALTY & SURETY COMPANY IN RECEIVERSHIP

## BOND AND PRINCIPAL LISTING PER OBLIGEE

ST OF SOUTH CAROLINA-PUBLIC SERV. COMMISSION  
PO BOX 11649  
COLUMBIA, SC 29211-1649

<u>Bond Number</u>	<u>Principal</u>	<u>Effective Date</u>	<u>Expiration Date</u>	<u>Bond Amount</u>
	INTERMEDIA COMMUNICATIONS,INC.	04/04/2000	04/04/2001	5,000.00

